

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097600848	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3		1					53		
4	1						54		
5		1					55		
6		16					56		
7		61					57		
8		16					58		
9		61					59		
10		16					60		
11		61					61		
12		16					62		
13		61					63		
14		16					64		
15		61					65		
16		16					66		
17		61					67		
18		16					68		
19		61					69		
20		16					70		
21		61					71		
22		16					72		
23		61					73		
24		16					74		
25							75		
26							76		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	22						TOTAL DEP.		
TOTAL CLAIMS	24						TOTAL CLAIMS		